



2017 Associate Member Application

Company: _____

Contact: _____ Phone: _____

Address: _____

City: _____ State: ___ Zip: _____ Fax: _____

Web: _____ Email: _____

Please check your level of membership participation and other support below.

Level of Membership	Rate	Your Selections
Associate Member	\$ 500	_____
Sponsoring Member	\$ 800	_____
Supporting Member	\$ 2,000	_____
Partner Member	\$ 3,000	_____

Sponsorship

Fall Conference

➤ Platinum	\$2,000	_____
➤ Town Hall Lunch	\$2,000	_____
➤ Silver	\$1,000	_____
➤ Pre-Conference	\$1,000	_____
➤ Table Top Exhibitor	\$ 500	_____

RCA/HFA Course

➤ Course Sponsor	\$2,500	_____
➤ Speaker Sponsor	\$250	_____
➤ Refreshments Sponsor	\$500	_____
➤ Commencement Luncheon	\$1,500	_____

Newsletter Underwriter \$300/Newsletter _____

Seminars not included in Membership Contact HOPE

Please return this form, your Company description to the address below.

101 West Ohio Street, Suite 2000, Indianapolis, IN 46204 Phone 317/472-0677 Fax 317/472-0695